Background

Questions were raised regarding the use of the 2200 Disability Information Loop for reporting pregnancy information. To get clarification, a question was posted to the X12N Workgroup for the 834 Transaction. The following is the AHCCCS Question and the response by the X12N 834 Workgroup.

Question:
```
Benefit Enrollment and Maintenance
Pg 138, 2200 DSB08 – Clarification
     The note states:

     Use DSB08 to indicate if the reason for disability is ESRD.
     The only allowed value is 585 - End Stage Renal Disease.

     Does the second line of the note mean that the only allowed
     value is 585 - ESRD
     OR
     If notifying the receiver of the file that the person has
     ESRD the only allowed value is 585?

     Can any ICD9-CM code be used here?

     Please clarify.
```

Response:
```
     The only value that can be used for this data element is
     585 - End Stage Renal Disease.
```

Issue

The 2200 Disability Loop cannot be used to inform health plans of a member's condition pregnancy. The 2200 Disability Loop will be removed from the maps. There are two proposed options.

Option 1:
Include the code "PG" on the 2000 Member Level Detail Loop, Member Policy Number Segment. (REF01 = 1L, REF02 = "PG") The Member Policy Number Segment would appear on Adds (when the member was pregnant), Pregnancy Changes and Rate Code changes (when the member was pregnant). Examples follow this page.

Option 2:
Create a separate 2300 Health Coverage Loop, using "AG" = Preventative Care/Wellness as the Insurance Line Code (HD03) and the process date as the 'benefit begin date. Examples follow this page.

Transaction 1: New Pregnant Member with TPL

AHCCCS Action Type: A
AHCCCS Action Code: NE

```
                1000A  Sponsor

Entity ID:        P5
Plan Sponsor      AHCCCS
Qualifier         F1
Sponsor ID        866004791
```

```
                        1000B  Payer

Entity Identifier:      IN
Insurer Name:           PERFECT HEALTH PLAN
ID Qualifier:           F1
Insurer Ident Code:     681234567
```

```
                2000  Member Level Detail

INS01  Insured Indicator:      Y
INS02  Relationship Code       18 (Self)
INS03  Maintenance Type        021(Addition)
INS04  Maintenance Reason      28 (Initial Enrollment)
INS05  Benefit Status          A
INS06  Medicare Plan Code      E
REF01  Subscriber Number Qual  0F (Subscriber Number)
REF02  AHCCCS ID               A22222222
REF01  Ref Id Qualifier        1L (Policy Number)
REF02  Ref Identifier          PG
REF01  Case Number Qualifier   3H (Case Number)
REF02  Case ID                 A23456789
REF01  ID Qualifier     Qual   ZZ (Mutually Defined)
REF02  Primary AHCCCS ID       A33333333
REF01  ID Qualifier            17 (Client Rpt Cat)
REF02  Voucher Number          123456789
DTP01  Date/Time Qualifier     356 (Enrl From Dt)
DTP03  Status Information Eff Dt 20030101
```

```
                2100A  Member Name

NM101  Entity Identifier       IL
NM103  Lname                   BUSH
NM104  Fname                   JOAN
NM105  Mname                   W
NM108  SSN Qualifier           34 (SSN)
NM109  SSN                     526650902
PER01  Contact Function Code   IP (Insured Party)
PER03  Comm Number Qual        HP (Home Phone)
PER04  Residence Ph Num        6025669087
N301   Member Residence        2 N. FIFTH ST
N302   Member Residence City   PHOENIX
N401   State                   AZ
N402   ZIP                     85034
N405   Location Qualifier      CY (County/Parish)
N406   Location ID Code        13 (AHCCCS County Code)
DMG01  Date Format             D8
DMG02  Member DOB              19721201
DMG03  Gender                  M
DMG04  Marital Status          S
DMG05  Ethnicity Code          7 (Not Provided)
LUI01  Lang Code Qual          LE (ISO 639)
LUI02  Mbr Language Cd         ENG
```

```
            2100C  Member Mailing Address

N301   Member Mail Street      P.O. BOX112
N401   Member  Mail City,      PHOENIX
N402   State                   AZ
N403   ZIP                     85034
```

```
                    2300  Health Coverage

HD01    Maintenance Type Code    021
HD03    Ins Line Cd              HMO
HD04    Plan Coverage Desc       1234/123456/APIPA
          / *
DTP01   Date/TimeQualifier       348 (Benefit Begin Date)
DTP03   Coverage Period          20030101 (Enrol From Dt)
REF02   Ins'd Group/Policy #     A (Contract Type)


* Rate Code (4), Prior Plan ID (6), Prior Plan Name (25),
Action Code (2) of either AA or EC only, otherwise spaces.
```

```
                2320  Coordination of Benefits *)

COB01   Payer Respon Seq         U (Unknown)
COB02   Ins Group or Policy #    12345601
COB03   COB Code                 5 (Unknown)
REF01   Ref ID Qualifier         6P (Group Number)
REF02   Ins Group/Policy No      22200
N102    Insurer Name             KAISER
DTP01   COB Date/Time Qual       344 (Begin Date)
DTP02   Date Format Qualifier    D8
DTP03   COB Date                 20021202
```

*The maximum number of 2320 COB loops that will be present on the 834 is 5.

```
                    2300  Health Coverage

HD01    Maintenance Type Code    021 (Add)
HD03    Ins Line Cd              AK (Mental Health)
HD04    Plan Coverage Desc       S (MH Category)
DTP01   Date/TimeQualifier       348 (Benefits Begin)
DTP02   Date Format Qualifier    D8
DTP03   Coverage Period          20030101 (MH Begin)
```

```
                    2300  Health Coverage

HD01    Maintenance Type Code    021
HD03    Ins Line Cd              HLT (TSC Client)
HD04    Plan Coverage Desc       12345678901234 (TSC-ID)
DTP01   Date/TimeQualifier       348     (Benefits Begin)
DTP03   Coverage Period          20030101 (Process Date)
```

Transaction 8: Pregnancy Indicator Change
AHCCCS Action Type: C
AHCCCS Action Code: PG

```
┌─────────────────────────────────┐
│         1000A  Sponsor          │
│                                 │
│ Entity ID:      P5              │
│ Plan Sponsor    AHCCCS          │
│ Qualifier       F1              │
│ Sponsor ID      866004791       │
└─────────────────────────────────┘
```

```
┌──────────────────────────────────────────────────────┐
│                    1000B  Payer                        │
│                                                        │
│ Entity Identifier:           IN                        │
│ Insurer Name:                PERFECT HEALTH PLAN       │
│ Qualifier:                   F1                        │
│ Insurer Identification Code:  681234567                │
└──────────────────────────────────────────────────────┘
```

```
┌────────────────────────────────────────────────────┐
│              2000  Member Level Detail              │
│                                                     │
│ INS01  Insured Indicator:     Y                     │
│ INS02  Relationship Code      18                    │
│ INS03  Maintenance Type       001 (Change)          │
│ INS04  Maintenance Reason     21 (Disability)       │
│ INS05  Benefit Status         A                     │
│ INS06  Medicare Plan Code     E                     │
│ REF01  ID Qualifier           0F (Subscriber Number)│
│ REF02  AHCCCS ID              987654321             │
│ REF01  Ref Id Qualifier       1L (Policy Number)    │
│ REF02  Ref Identifier         PG                    │
│ DTP01  Date/Time Qualifier    348 (Begin Date)      │
│ DTP02  Date Format Qualifier  D8                    │
│ DTP03  Status Information Eff Dt 20030301 (Process Date)│
└────────────────────────────────────────────────────┘
```

?? Leave INS04 Maintenance Reason of "21 = Disability"???

OR

Leave blank?

```
┌─────────────────────────────────────┐
│          2100A  Member Name         │
│                                     │
│ NM101 Entity Identifier    IL       │
│ NM103 Lname                BUSH      │
│ NM104 Fname                JONIE     │
│ NM105 Mname                W         │
└─────────────────────────────────────┘
```

Transaction 9: Rate Code Change

AHCCCS Action Type: C
AHCCCS Action Code: RC

AZ 834 - Daily
Option 1

1000A Sponsor

Entity ID:	P5	
Plan Sponsor	AHCCCS	
Qualifier	F1	
Sponsor ID	866004791	

1000B Payer

Entity Identifier:	IN
Insurer Name:	IWANNA HEALTH PLAN
Qualifier:	F1
Insurer Identification Code:	681234567

2000 Member Level Detail

INS01	Insured Indicator:	Y
INS02	Relationship Code	18
INS03	Maintenance Type	001 (Change)
INS04	Maintenance Reason	29 (Benefit Selection)
INS05	Benefit Status	A
INS06	Medicare Plan Code	E
REF01	ID Qualifier	0F (Subscriber Number)
REF02	AHCCCS ID	A22222222
REF01	Ref Id Qualifier	1L (Policy Number)
REF02	Ref Identifier	PG
REF01	ID Qualifier	3H (Case Number)
REF02	Case ID	A23456789
REF01	ID Qualifier	ZZ (Mutually Defined)
REF02	Primary AHCCCS ID	A33333333
REF01	ID Qualifier	F6 (Medicare Claim ID)
REF02	Med-CLM-ID	9988776655
REF01	ID Qualifier	17 (Client Rpt Cat)
REF02	Voucher Number	H23456789
DTP01	Date/Time Qualifier	303 (Maintenance Eff)
DTP02	Date Format Qualifier	D8
DTP03	Status Information Eff Dt	20030301 (Process Date)

2100A Member Name

NM101	Entity Identifier	IL
NM103	Lname	BUSH
NM104	Fname	GEORGE
NM105	Mname	W
NM108	ID Qualifier	34 (SSN)
NM109	SSN	526650902
PER01	Contact Function Code	IP (Insured Party)
PER03	Comm Number Qual	HP (Home Phone)
PER04	Residence Ph Num	6025669087
N301	Member Residence	2 N. FIFTH ST
N302	Member Residence City	PHOENIX
N401	State	AZ
N402	ZIP	85034
N405	Location Qualifier	CY (County/Parish)
N406	Location Code	13
DMG01	Date Format Qualifier	D8
DMG02	Member DOB	19721201
DMG03	Gender	M
DMG04	Marital Status	S
DMG05	Ethnicity	C (Caucasian)
LUI01	Lang Code Qualifier	LE (ISO-639)
LUI02	Mbr Language Cd	ENG

2100C Member Mailing Address

N301	Member Mail Street	P.O. BOX 112
N401	Member Mail City,	PHOENIX
N402	State	AZ
N403	ZIP	85034

2300 Health Coverage

HD01	Maintenance Type Code	001 (Change)
HD03	Ins Line Cd	HMO
HD04	Plan Coverage Desc	3010 (New Rate Code)
DTP01	Date/Time Qualifier	348 (Begin)
DTP02	Date Format Qualifier	D8
DTP03	Coverage Period	20030201 (Enrol From Dt)

5

Transaction 1: New Pregnant Member with TPL

AHCCCS Action Type: A
AHCCCS Action Code: NE

```
┌─────────────────────────────────────┐   ┌──────────────────────────────────────────────────┐
│        1000A  Sponsor               │   │                 1000B  Payer                      │
│                                     │   │                                                  │
│ Entity ID:        P5                │   │ Entity Identifier:    IN                          │
│ Plan Sponsor      AHCCCS            │   │ Insurer Name:         PERFECT HEALTH PLAN          │
│ Qualifier         F1                │   │ ID Qualifier:         F1                           │
│ Sponsor ID        866004791         │   │ Insurer Ident Code:   681234567                    │
└─────────────────────────────────────┘   └──────────────────────────────────────────────────┘
```

```
┌────────────────────────────────────────────────────────┐
│              2000  Member Level Detail                   │
│                                                          │
│ INS01   Insured Indicator:      Y                        │
│ INS02   Relationship Code       18 (Self)                │
│ INS03   Maintenance Type        021(Addition)            │
│ INS04   Maintenance Reason      28 (Initial Enrollment)  │
│ INS05   Benefit Status          A                        │
│ INS06   Medicare Plan Code      E                        │
│ REF01   Subscriber Number Qual  0F (Subscriber Number)   │
│ REF02   AHCCCS ID               A22222222                │
│ REF01   Ref Id Qualifier        1L (Policy Number)       │
│ REF02   Ref Identifier          NO DATA                  │
│ REF01   Case Number Qualifier   3H (Case Number)         │
│ REF02   Case ID                 A23456789                │
│ REF01   ID Qualifier    Qual    ZZ (Mutually Defined)    │
│ REF02   Primary AHCCCS ID       A33333333                │
│ REF01   ID Qualifier            17 (Client Rpt Cat)      │
│ REF02   Voucher Number          123456789                │
│ DTP01   Date/Time Qualifier     356 (Enrl From Dt)       │
│ DTP03   Status Information Eff Dt 20030101               │
└────────────────────────────────────────────────────────┘
```

```
┌──────────────────────────────────────────────┐
│            2100A  Member Name                 │
│                                               │
│ NM101 Entity Identifier       IL              │
│ NM103 Lname                   BUSH            │
│ NM104 Fname                   JOAN            │
│ NM105 Mname                   W               │
│ NM108 SSN Qualifier           34 (SSN)        │
│ NM109 SSN                     526650902       │
│ PER01 Contact Function Code   IP (Insured Party) │
│ PER03 Comm Number Qual        HP (Home Phone) │
│ PER04 Residence Ph Num        6025669087      │
│ N301  Member Residence        2 N. FIFTH ST   │
│ N302  Member Residence City   PHOENIX         │
│ N401  State                   AZ              │
│ N402  ZIP                     85034           │
│ N405  Location Qualifier      CY (County/Parish) │
│ N406  Location ID Code        13 (AHCCCS County Code) │
│ DMG01 Date Format             D8              │
│ DMG02 Member DOB              19721201        │
│ DMG03 Gender                  M               │
│ DMG04 Marital Status          S               │
│ DMG05 Ethnicity Code          7 (Not Provided) │
│ LUI01 Lang Code Qual          LE (ISO 639)    │
│ LUI02 Mbr Language Cd         ENG             │
└──────────────────────────────────────────────┘
```

```
┌───────────────────────────────────────────────┐
│       2100C  Member Mailing Address            │
│                                                │
│ N301   Member Mail Street    P.O. BOX112       │
│ N401   Member  Mail City,    PHOENIX           │
│ N402   State                 AZ                │
│ N403   ZIP                   85034             │
└───────────────────────────────────────────────┘
```

```
                    2300  Health Coverage

HD01    Maintenance Type Code    021
HD03    Ins Line Cd              HMO
HD04    Plan Coverage Desc       1234/123456/APIPA
         / *
DTP01   Date/TimeQualifier       348 (Benefit Begin Date)
DTP03   Coverage Period          20030101 (Enrol From Dt)
REF02   Ins'd Group/Policy #     A (Contract Type)


* Rate Code (4), Prior Plan ID (6), Prior Plan Name (25),
Action Code (2) of either AA or EC only, otherwise spaces.
```

```
              2320  Coordination of Benefits *)

COB01  Payer Respon Seq      U (Unknown)
COB02  Ins Group or Policy #  12345601
COB03  COB Code              5 (Unknown)
REF01  Ref ID Qualifier      6P (Group Number)
REF02  Ins Group/Policy No   22200
N102   Insurer Name          KAISER
DTP01  COB Date/Time Qual    344 (Begin Date)
DTP02  Date Format Qualifier D8
DTP03  COB Date              20021202
```

*The maximum number of 2320 COB loops that will be present on the 834 is 5.

```
                    2300  Health Coverage

HD01    Maintenance Type Code    021 (Add)
HD03    Ins Line Cd              AK (Mental Health)
HD04    Plan Coverage Desc       S (MH Category)
DTP01   Date/TimeQualifier       348 (Benefits Begin)
DTP02   Date Format Qualifier    D8
DTP03   Coverage Period          20030101 (MH Begin)
```

```
                    2300  Health Coverage

HD01    Maintenance Type Code    021
HD03    Ins Line Cd              HLT (TSC Client)
HD04    Plan Coverage Desc       12345678901234 (TSC-ID)
DTP01   Date/TimeQualifier       348    (Benefits Begin)
DTP03   Coverage Period          20030101 (Process Date)
```

```
              2300  Health Coverage

HD01   Maintenance Type Code   021
HD03   Ins Line Cd             AG
HD04   Plan Coverage Desc      PG
DTP01  Date/TimeQualifier      348    (Benefits Begin)
DTP03  Coverage Period         20030101 (Process Date)
```

New 2300 Loop is created and sent to indicate member is pregnant.

Last Updated: 7/11/2003
Corrected 2000/REF01 from IL to 1L

Transaction 8: Pregnancy Indicator Change

AHCCCS Action Type: C
AHCCCS Action Code: PG

AZ 834 - Daily
Option 2

```
┌─────────────────────────────────────┐   ┌──────────────────────────────────────────────────┐
│          1000A  Sponsor              │   │                  1000B  Payer                      │
│                                      │   │                                                    │
│ Entity ID:      P5                   │   │ Entity Identifier:             IN                  │
│ Plan Sponsor    AHCCCS               │   │ Insurer Name:                  PERFECT HEALTH PLAN  │
│ Qualifier       F1                   │   │ Qualifier:                     F1                  │
│ Sponsor ID      866004791            │   │ Insurer Identification Code:   681234567           │
└─────────────────────────────────────┘   └──────────────────────────────────────────────────┘
```

```
┌──────────────────────────────────────────────────────┐
│             2000  Member Level Detail                  │
│                                                        │
│ INS01   Insured Indicator:         Y                   │
│ INS02   Relationship Code          18                  │
│ INS03   Maintenance Type           001 (Change)        │
│ INS04   Maintenance Reason         21 (Disability)     │
│ INS05   Benefit Status             A                   │
│ INS06   Medicare Plan Code         E                   │
│ REF01   ID Qualifier               0F (Subscriber Number)│
│ REF02   AHCCCS ID                  987654321           │
│ REF01   Ref Id Qualifier           1L (Policy Number)  │
│ REF02   Ref Identifier             NO DATA             │
│ DTP01   Date/Time Qualifier        348 (Begin Date)    │
│ DTP02   Date Format Qualifier      D8                  │
│ DTP03   Status Information Eff Dt   20030301 (Process Date)│
└──────────────────────────────────────────────────────┘
```

?? Leave INS04 Maintenance Reason of "21 = Disability"???

OR

Leave blank?

```
┌──────────────────────────────────────────────────────┐
│             2100A  Member Name                         │
│                                                        │
│ NM101   Entity Identifier    IL                        │
│ NM103   Lname                BUSH                       │
│ NM104   Fname                JONIE                      │
│ NM105   Mname                W                          │
└──────────────────────────────────────────────────────┘
```

```
┌──────────────────────────────────────────────────────┐
│             2300  Health Coverage                      │
│                                                        │
│ HD01    Maintenance Type Code   001                    │
│ HD03    Ins Line Cd             AG                      │
│ HD04    Plan Coverage Desc      PG                      │
│ DTP01   Date/TimeQualifier      348      (Benefits Begin)│
│ DTP03   Coverage Period         20030101 (Process Date)│
└──────────────────────────────────────────────────────┘
```

2300 Loop is created and sent to indicate member is pregnant.

Last Updated: 7/11/2003
Corrected 2000/REF01 from IL to 1L

Transaction 9: Rate Code Change

AHCCCS Action Type: C
AHCCCS Action Code: RC

AZ 834 - Daily
Option 2

1000A Sponsor

Entity ID:	P5	
Plan Sponsor	AHCCCS	
Qualifier	F1	
Sponsor ID	866004791	

1000B Payer

Entity Identifier:	IN	
Insurer Name:	IWANNA HEALTH PLAN	
Qualifier:	F1	
Insurer Identification Code:	681234567	

2000 Member Level Detail

INS01	Insured Indicator:	Y
INS02	Relationship Code	18
INS03	Maintenance Type	001 (Change)
INS04	Maintenance Reason	29 (Benefit Selection)
INS05	Benefit Status	A
INS06	Medicare Plan Code	E
REF01	ID Qualifier	0F (Subscriber Number)
REF02	AHCCCS ID	A22222222
REF01	Ref Id Qualifier	1L (Policy Number)
REF02	Ref Identifier	NO DATA
REF01	ID Qualifier	3H (Case Number)
REF02	Case ID	A23456789
REF01	ID Qualifier	ZZ (Mutually Defined)
REF02	Primary AHCCCS ID	A33333333
REF01	ID Qualifier	F6 (Medicare Claim ID)
REF02	Med-CLM-ID	9988776655
REF01	ID Qualifier	17 (Client Rpt Cat)
REF02	Voucher Number	H23456789
DTP01	Date/Time Qualifier	303 (Maintenance Eff)
DTP02	Date Format Qualifier	D8
DTP03	Status Information Eff Dt	20030301 (Process Date)

2100C Member Mailing Address

N301	Member Mail Street	P.O. BOX 112
N401	Member Mail City,	PHOENIX
N402	State	AZ
N403	ZIP	85034

2300 Health Coverage

HD01	Maintenance Type Code	001 (Change)
HD03	Ins Line Cd	HMO
HD04	Plan Coverage Desc	3010 (New Rate Code)
DTP01	Date/Time Qualifier	348 (Begin)
DTP02	Date Format Qualifier	D8
DTP03	Coverage Period	20030201 (Enrol From Dt)

2300 Health Coverage

HD01	Maintenance Type Code	001
HD03	Ins Line Cd	AG
HD04	Plan Coverage Desc	PG
DTP01	Date/TimeQualifier	348 (Benefits Begin)
DTP03	Coverage Period	20030101 (Process Date)

2300 Loop is created and sent to
indicate member is pregnant.

2100A Member Name

NM101	Entity Identifier	IL
NM103	Lname	BUSH
NM104	Fname	GEORGE
NM105	Mname	W
NM108	ID Qualifier	34 (SSN)
NM109	SSN	526650902
PER01	Contact Function Code	IP (Insured Party)
PER03	Comm Number Qual	HP (Home Phone)
PER04	Residence Ph Num	6025669087
N301	Member Residence	2 N. FIFTH ST
N302	Member Residence City	PHOENIX
N401	State	AZ
N402	ZIP	85034
N405	Location Qualifier	CY (County/Parish)
N406	Location Code	13
DMG01	Date Format Qualifier	D8
DMG02	Member DOB	19721201
DMG03	Gender	M
DMG04	Marital Status	S
DMG05	Ethnicity	C (Caucasian)
LUI01	Lang Code Qualifier	LE (ISO-639)
LUI02	Mbr Language Cd	ENG

Last Updated: 7/11/2003
Corrected 2000/REF01 from IL to 1L